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Dated: November 24, 2003 Signature: Carol Mitchell

(Carol Mitchell)

Docket No.: 53417-00013USPT
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Gary Clayton, et al.

Application No.: 09/754898

Art Unit: 3621

Filed: January 5, 2001

Examiner: J. Winter

For: POLICY NOTICE METHOD AND SYSTEM

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RESPONSE TO NON-FINAL OFFICE ACTION

MS Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

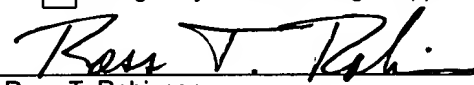
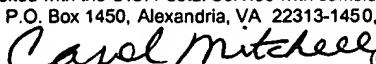
INTRODUCTORY COMMENTS

In response to the Office Action dated May 27, 2003 (Paper No. 7), please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



AMENDMENT TRANSMITTAL LETTER				Docket No. 53417-00013USPT	
Application No. 09/754898	Filing Date January 5, 2001	Examiner J. Winter	Art Unit 3621		
Applicant(s): Gary Clayton, et al.					
Invention: POLICY NOTICE METHOD AND SYSTEM					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	38	- 38 =		x	0.00
Independent Claims	2	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					950.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					950.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0447</u> in the amount of \$ <u>950.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>10-0447</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Ross T. Robinson Attorney Reg. No.: 47,031				Dated: <u>November 24, 2003</u>	
JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION 1445 Ross Avenue, Suite 3200 Dallas, Texas 75202 (214) 965-7300					
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